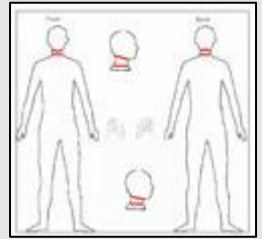


Investigation Report

Names of "Pathologists", "Physicians" and other Assistants who performed the study (AKA group members' names):

Official Report to
determine cause of death



PATIENT'S SUMMARY REPORT

Patient's Name:

Coroner's Case #: 01234

Date of Birth:

Age of Patient at time of Death:

Race:

Sex:

Male

Date of Death:

Location of death:

Washington County Hospital, Baltimore, MD

Patient's Physician:

Dr. John Moran

Investigative Agency:

Tolin County Sheriff's Department

FAMILY MEDICAL HISTORY:

Biological Mother (name):

History of diseases, or cause of death:

Biological Mother (name):

Contracted diseases, or cause of death:

MEDICAL EXAMINATION:

Suspicious or abnormal circumstances related to the body at, or prior to, the time of death:

Any/all treatments undergone by physicians prior to time of death:

List any evidence or findings regarding the patient's Medical History, if applicable: (Refer to Medical History Questionnaire, "Death Clues" and other research conducted)

PROFESSIONAL OPINION (FINAL DIAGNOSIS):

Final Diagnosis/ Cause of Death: _____

Manner of Death: *(Circle one)*

Homicide

Suicide

Natural

Accidental

Evidence of Cause of Death:

(Must have at least four, supported by artifacts such as research linked to death clues)

1.

2.

3.

4.

5.

Evidence to disprove other theories: (List the other nine theories your group did not choose & briefly explain why your group decided to rule each one out as a possibility)

[illegible]